

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/009808	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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48	/	/	/	/	/	
49						
50		/	/	/	/	
TOTAL IND.	/					
TOTAL DEP.	25	2	2	2	2	
TOTAL CLAIMS	31	2	2	2	2	

*	IND.	DEP.	*	IND.	DEP.	*
51						/
52						/
53			/	/		/
54			/	/		/
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TOTAL IND.		2	2	2	8	2
TOTAL DEP.		2	2	2	14	2
TOTAL CLAIMS	31	2	2	2	22	2

BEST AVAILABLE COPY